



#745K  
11-25-03

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Applicant: Treacy et al.

Serial No.: 09/899,448

Filed: July 5, 2001

Examiner:

Group Art Unit: 3738

FOR: PELVIC PROSTHESIS PLUS METHODS  
AND TOOLS FOR IMPLANTATION

The Honorable Commissioner of  
Patents and Trademarks  
Washington, D.C. 20231

Sir:

RECEIVED  
NOV 21 2003  
TECHNOLOGY CENTER R3700

PRELIMINARY AMENDMENT

Preliminary to examination, please amend the above  
identified application as follows:

In the Drawing

Please replace the informal drawing that accompanied  
the application as filed with the enclosed EIGHT sheets of  
formal drawing.



Preliminary AMENDMENT TRANSMITTAL LETTER			Docket Number ST-004
Application Number 09/899,448	Filing Date 7/5/01	Examiner	Group Art Unit 3738
Invention Title Pelvic Prosthesis Plus Methods And Tools For Implantation			

## TO THE COMMISSIONER OF PATENTS AND TRADEMARKS

Transmitted herewith is an amendment in the above - identified application.

- ☐ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☐ A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.
- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below:

## CLAIMS AS AMENDED

	(1)		(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	28	minus	28	-	x \$18	-
INDEPENDENT CLAIMS	3	minus	3	-	x \$78	-
MULTIPLE DEPENDENT CLAIM ADDED					\$260	
					TOTAL	\$
If applicant is a small entity under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY TOTAL	\$

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

\*\* If the highest number previously paid for IN THIS SPACE is less than 20, enter "20".

\*\*\* If the highest number previously paid for IN THIS SPACE is less than 3, enter "3".

The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

- ☐ Please charge Deposit Account Number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account Number \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ Any additional filing fees required under 37 CFR 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.

11/7/01

(Date)

Form PTO-1083

Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE  
Joseph J. Kaliko  
Reg. #27,995  
(203) 359-4370

(Signature)

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